



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800015

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILLIAMSTOWN THEATRE FOUNDATION INC

DOING BUSINESS AS WILLIAMSTOWN THEATRE FESTIVAL

ADDRESS 1000 MAIN STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: Lapidus, Ira S.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WINE AND MALT TO BE SOLD IN THE THEATRE BUILDING CONTAINING TWO THEATRES; MAIN
STAGE AND OTHER STAGE, EACH OF WHICH WILL HAVE A CONCESSION STAND IN THE LOBBY;
EXIT ON MAIN STREET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800016

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TACONIC GOLF CLUB, INC.

DOING BUSINESS AS

ADDRESS 19 MEACHAM ST.

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: CANALES,
GREGORY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS AND BASEMENT; ENTRANCE AND EXITS

MAIN FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800067

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STERLING & FRANCINE CLARK ART INSTITUTE

DOING BUSINESS AS CLARK ART INSTITUTE

ADDRESS 225 SOUTH STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: Wilkinson, Steven L. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147800070

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILLIAMSTOWN THEATRE FOUNDATION

DOING BUSINESS AS WILLIAMSTOWN THEATRE FESTIVAL- CABARET

ADDRESS 863 MAIN STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: LAPIDUS, IRA S.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2667 SQ FT ROOM ON FIRST FLOOR KNOWN AS THE GREAT ROOM...ONNORTH SIDE OF BUILDING
FACING MAIN STREET AND ONE DOOR EACH ON EAST AND WEST SIDES

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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